

# Authorized Policy Insurance Brokers Co.



المستخدمة لوساطة التأمين  
Authorized Policy Insurance Bro

## Money Insurance Questionnaire/Proposal Form.

- Proposer's Full Name: -----  
Postal Address : -----  
Identity or CR No : -----  
Telephone NO : ----- Fax ----- Email -----  
Business/Trade/Occupation: -----  
Insurance Period : From -----to -----  
1- Estimated Annual Turn Over: SR -----  
2- Maximum Amount per Carry: SR -----  
3- What Are the Names and Addresses of the places between which money will be in transit? -----  
-----  
4- How many persons will carry the money at a time? -----  
(i) How many times the money is transported? -----  
5- What is his/are their occupation? -----  
6- How is the money carried? (Bags, trucks, Cases and how many?) -----  
7- Are the persons conveying the money accompanied by armed guards? -----  
8- After money is received is it re-conveyed to other premises? -----

### **Cash IN safe.**

1. Amount of money kept in safe: SR -----  
2. What part of money kept in your premises and for how long? -----  
(i) Name of the maker of the Safe: -----  
(ii) What are the dimensions of the safe: Height ----- Width ----- Depth -----  
(iii) Is it marked "Burglar resisting"? -----  
(iv) What is the weight of the safe? -----  
(v) Is the safe anchored to ground and/or wall or freestanding? -----  
3. Will the premises be guarded after working hours? -----  
4. Have you ever sustained any loss of money while in transit or while on your premises? -----  
If yes, give details: -----  
5. Would you like to insure the liability for bodily injury caused to employees' who may be attacked while carrying money on your behalf? -----  
If so, please provide the limit of indemnity per person: -----  
6. Has any insurance company "at any time":  
A) Ever declined your proposal? -----  
B) Required an increased premium or special conditions? -----  
Please state particulars: -----  
C) Cancelled or refused to renew your insurance? -----

I/We hereby declare that the statements made by me/us in this proposal form are, to the best of my knowledge and belief, complete and true. I/we hereby agree that this questionnaire/Proposal form is the basis and part of any policy issued in connection with the above risk.

Date: -----

Signature: -----